



North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
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Michael F. Easley, Governor
Dempsey Benton, Secretary

Michael Moseley, Director

December 3, 2007

MEMORANDUM

To: Legislative Oversight Committee Members
Commission for MH/DD/SAS
Consumer/Family Advisory Committee Chairs
State Consumer Family Advisory Committee Chairs
Advocacy Organizations and Groups
North Carolina Association of County Commissioners
County Managers
County Board Chairs
North Carolina Council of Community Programs
NC Association of Directors of DSS

State Facility Directors
Area Program Directors
Area Program Board Chairs
DHHS Division Directors
Provider Organizations
MH/DD/SAS Professional Organizations and Groups
MH/DD/SAS Stakeholder Organizations and Groups
Other MH/DD/SAS Stakeholders

From: Mike Moseley 

Re: **Communication Bulletin #85 Provider Applications for Substance Abuse Services Cross Area Services Program (CASP) Funding**



Attached please find two Provider Applications for Substance Abuse Services Cross Area Services Program (CASP) Funding. The first is for adult or adolescent substance abuse treatment services, and community coalitions (Initiatives A, B, & C). The second is for perinatal and maternal substance abuse (Initiative D). These applications have been developed in response to Session Law 2007-323, House Bill 1473 to increase the availability of substance abuse treatment as follows:

“SECTION 10.49.(a) Except as otherwise provided in this subsection, funds appropriated in this act to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities, and Substance Abuse Services for regionally funded, locally hosted substance abuse services shall be allocated for the purpose of developing and enhancing the American Society of Addiction Medicine (ASAM) continuum of care at the community level. In coordination with local management entities, the Division shall develop and direct purchasing mechanisms to improve the availability of substance abuse services offered on a local, regional, and statewide basis in coordination with one or more local management entities.....”

The attached documents outline the requirements for submitting applications for these four projects. **Applications are due no later than January 11, 2008.** Should you have any questions, please contact Spencer Clark in the Community Policy Management Section at Spencer.Clark@ncmail.net or (919) 733-4670.

Enclosures

cc: Secretary Dempsey Benton
Dan Stewart
DMH/DD/SAS Executive Leadership Team
DMH/DD/SAS Staff
Sharnese Ransome
Rich Slipsky

Kory Goldsmith
Andrea Poole
Mark Van Sciver
Brad Deen
Wayne Williams
Kaye Holder



Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Community Policy Management Section

REQUEST FOR APPLICATIONS:

Substance Abuse Services Improvement Initiative
for Prevention, Treatment and Recovery (Initiatives A, B or C)

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Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Community Policy Management Section

Summary: Notice of Funding Availability

Initiatives A, B, or C

Title: Substance Abuse Services Improvement Initiative for Prevention, Treatment, and Recovery

Purpose: To solicit proposals from experienced providers of substance abuse services to increase availability of substance abuse treatment services in underserved areas of N.C. Selected programs will serve as Cross Area Services Programs (CASPs) for substance abuse services. Selected providers will be expected to have services in operation no later than May 1, 2008. NOTE: A separate RFA is also being released for up to 3 programs serving women with perinatal and maternal substance abuse treatment needs.

Description: This RFA is being issued in order to increase the capacity to deliver substance abuse prevention and treatment services and supports. Awards will be made for the following three initiatives as Cross Area Service Programs (CASP) for substance abuse.

- **Initiative A:** \$3,000,000 for 4 programs (up to \$750,000 each) serving adults in need of substance abuse treatment and housing supports. (Year 1). \$2,800,000 for 4 programs (up to \$700,000 each) serving adults in need of substance abuse treatment and housing supports (Year 2 and recurring).
- **Initiative B:** \$800,000 for up to 2 programs (up to \$400,000 each, recurring) serving adolescents in need of substance abuse treatment.
- **Initiative C:** \$400,000 recurring for 1 program to manage statewide effort to develop new or support existing substance abuse prevention coalitions.

Eligibility/Funding Availability: The Division is requesting application(s) from comprehensive substance abuse services providers. Providers must demonstrate experience in the provision of prevention and treatment services and be prepared to have services endorsed by an LME. Providers may provide multiple services or enter into organized relationships with other sub-contracted providers. Eligible applicants will be expected to work with multiple LMEs on a regional basis or accept referrals on a statewide basis. Applications that involve a group of providers in an organized network are encouraged.

All funds may be awarded as UCR or non-UCR funds and are required to be disbursed to designated co-applicant providers by the lead applicant for the implementation of innovative projects to increase community capacity for substance abuse services. For Medicaid/Health Choice reimbursable services, applicants will be expected to directly enroll with the Division of Medical Assistance (DMA) and /or Health Choice. The Division of Mental Health Developmental Disabilities and Substance Abuse Services will designate a Local Management Entity (LME) to support the selected Cross Area Service Program (CASP) as detailed in Appendix A of this Application. Application(s) should address the needs of one or more target populations of adolescent or adult substance abuse as detailed in Summary Level Plan in Appendix A.

Summary: Notice of Funding Availability, Continued:

Initiatives A, B, or C

How to Apply: A provider may submit applications as follows for Initiatives A, B, or C,

- Only one application per initiative.
- Applicants may apply for multiple initiatives
- Each application for each initiative must be submitted as a separate application package (5 copies)

The application consists of:

- (a) Transmittal letter signed by the Provider Organization Director and by a designee of each of the Co-Applicants (if applicable);
 - (b) Completed application package for items 1 through 10, plus the budget worksheet.
- Funds are expected to be allocated for project implementation by February 1, 2008. UCR or Non-UCR activities that are supported with these funds shall not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers.
 - Applications must be completed on the enclosed Word document form and may not exceed 20 pages in length (exclusive of any desired addendums). A Word document electronic copy of the Application will be available on the Division's web page at <http://www.ncdhhs.gov/mhddsas/>, and is available by request to Brenda G. Davis at (919) 733-4670 or Brenda.G.Davis@ncmail.net.
 - A transmittal letter, along with five (5) copies of the Application, to be submitted by surface mail to Brenda G. Davis, Chief's Office, Community Policy Management Section (CPM), 3007 Mail Service Center, Raleigh, NC 27699-3007, or delivered to Brenda G. Davis at DMH/DD/SAS, Albemarle Building, Suite 679, Raleigh, NC 27603.

Deadline for Submission: Friday, January 11, 2008, 5:00 pm

How to Obtain Further Information: Questions regarding the application process and requirements may be addressed to Spencer Clark at (919) 733-4670 or Spencer.Clark@ncmail.net.

Notification by email will be provided to all applicants by **January 25, 2008, regarding approval or disapproval of their application(s)**. Allocation letters for successful applications will be promptly processed and mailed to successful applicants and the LMEs that will host the funded proposals.

Section 2. – Descriptive Detail - (Initiative A)

SFY 08 Cross Area Service Programs (CASP) for Substance Abuse Services Provider Application for Recurring Funds

Descriptive Detail

Initiative A – Increase Community Capacity- Adult SA – Maximum Amount of Funding Request per Applicant: \$750,000 for SFY 08 and \$700,000 for SFY 09 and Recurring

Planned Use of SFY 08 Cross Area Service Program Funds

A. Overview

The primary purpose of this initiative is to establish new, regional resources in underserved areas, to expand the continuum of care and to encourage comprehensive program development. This Request for Applications (RFA) issued by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) directed to qualified substance abuse provider organizations interested in providing comprehensive community-based substance abuse services. Applicants should be prepared to provide assessment, medication assisted therapies, one or more enhanced services in addition to Community Support Adult to support recovery management. Inclusion of Community Support Adult is permissible as an access to care consideration for individuals with substance abuse disorders. Applicants should provide or have relationships to provide housing supports for persons with substance use disorders. The targeted group would include individuals meeting ASAM criteria for levels II.1 and III.1.

These services will be available as Cross Area Services Programs (CASPs).

Funding needs include start-up and recurring operational costs of providers for expanded outreach, case-finding, consumer incentives, treatment, staffing, training, supervision, and collaboration activities, etc.

All funds are to be used to increase the number of individuals with substance abuse needs receiving appropriate treatment.

B. Summary of Services Requested

The DMHDDSAS is seeking applications for the development, implementation, and operation of comprehensive services that include assessment, community support, medication management, medication assisted therapies and Intensive Outpatient services in combination with a supportive living environment for adults with substance abuse disorders. Providers must provide or have arrangements for psychiatric care and primary health care. Providers must demonstrate knowledge of the services required to manage substance abuse as a chronic disorder including recovery supports and check ups. These services should function as part of a full continuum of care, utilize community based supports, and utilize evidence based practices. Linkage with other providers and services within the continuum of care is essential.

C. Service Philosophy

The SA treatment services may include program components found in the ASAM designation of “Dual Diagnosis Capable” (DDC) or “Dual Diagnosis Enhanced” (DDE) rather than Addiction Only Services. DDCs are able to coordinate with mental health services, provide psychopharmacological monitoring and psychological assessment either on or off site. Staff can address the interaction between the mental and substance-related disorders. Policies, procedures, assessment, treatment planning, program content and discharge planning address co-occurring mental and SA disorders. The primary focus is the treatment of substance abuse disorders. There should be a gender-specific and culturally competent approach to

Planned Use of SFY 08 Cross Area Service Program Funds

program development.

The applicant must demonstrate knowledge of appropriate evidence based policy, practices and programs designed to meet the needs of the selected target population. Applicant should indicate practice to be used to encourage retention. The applicant should be prepared to include a contingency management strategy in the proposal. The successful applicant will be able to choose from a variety of modalities considered to be evidence based practices (EBP) in the treatment of substance abuse disorders such as: Motivational Enhancement Therapy; Cognitive-Behavioral Therapy; Seeking Safety; Motivational Interviewing; 12 Step Facilitation; and Matrix.

D. Scope of Services

The primary focus of these services is the treatment of adults who are experiencing substance use disorders. The targeted level of care is ASAM Levels II.1 and III.1. This level of care should be linked with a full continuum of services to allow for movement in placement decisions based on continued service and discharge criteria.

These clinical substance abuse services may operate separately from but in coordination with a supportive living environment. There are several existing models of living environments: Halfway Houses, Host Homes, supervised living, and Oxford House. The proposal should include the development or expansion of housing and ensure services and support activities related to this as well as employment and other needs of these consumers.

The DMHDDSAS is seeking an applicant who has proven successful experience in providing treatment for adults with substance use disorders and optimizing limited supportive housing and other community supports.

The duration of services will be based upon ASAM continued service and discharge criteria.

The applicant will be required to be endorsed in accordance with Division endorsement procedures and directly enrolled with Medicaid. The facility must be licensed by the Division of Health Service Regulation (was Division of Facility Services), if applicable.

E. Implementation Requirements

(Responsibilities of the Provider):

- Meet all requirements for endorsement prior to services being delivered;
- Utilize a standardized screening and assessment instrument, (applicants are encourage to consider using the Addiction Severity Index (ASI));
- Utilize Evidence Based Practices (EBPs);
- Work collaboratively with Local Management Entities and community agencies to optimize services for consumers;
- Work collaboratively with Continuum of Care service providers, and community supports;
- Provide for service delivery across the defined area (CASP);
- Develop and implement housing supports and develop employment supports;
- Enter into a contract with a Division-selected LME to "host" the service; and
- Comply with federal requirement to provide priority admission to persons who inject drugs, persons with infectious diseases, and person who are pregnant.

F. Priority will be placed on providing assistance to those serving:

1. Communities with currently low rates of treated prevalence for stated target disability groups. For LME comparisons see report of *DMHDDSAS Community Systems Progress Indicators* at; <http://ncdhhs.gov/mhddsas/statpublications/reports/cspireport>.
2. A primary purpose of this initiative is to work with LMEs and other providers in underserved areas

Planned Use of SFY 08 Cross Area Service Program Funds

in establishing new, regional resources to enlarge the continuum of care in those regions.

Emphasis should be placed on the implementation of model provider strategies that can be easily translated and adopted by other LMEs and providers across the State. These include active partnering with experienced substance abuse providers, LME screening, triage, and referral (STR) and care coordination, and the development of recovery oriented systems of care. Activities should include strategies to effectively coordinate with Treatment Accountability for Safe Communities (TASC), the Division of Community Correction (DOC), Courts (AOC), Vocational Rehabilitation (VR), social services (DSS) and cultural agencies, substance abuse agencies, and prevention programs. Activities should include model identification, screening and engagement activities that reduce traditional system barriers for service entry, engagement, and retention of adults and their families with substance abuse disorders.

The grant should include those activities designed to facilitate on-site and off-site identification, coordination with LME STR functions, assessment readiness, provider choice, and engagement of individuals in community clinical and non-clinical settings. UCR or Non-UCR activities that are supported with these funds should not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers. Funds are to be competitively offered to comprehensive providers and may be submitted in cooperation with one or more designated public, private not-for-profit or private for-profit providers. Proposed award amounts budgeted for provider(s) should be adequate to ensure the support of designated fulltime professionals to implement these strategies, and should include adequate supporting rationale for selection of collaborating co-applicant provider(s).

Initiative should begin by February 1, 2008. Application is required to be received by the Division no later than 5:00 pm on Friday, January 11, 2008. Awards to providers will be announced no later than Friday, January 25, 2008.

Section 3. – Descriptive Detail - Initiative B

SFY 08 Cross Area Service Programs (CASP) Application for Recurring Funds for Substance Abuse Provider Projects

Descriptive Detail

Initiative B - Increase Community Capacity- Adolescent SA – Maximum funding amount per application: \$400,000 Recurring

Planned Use of SFY 08 Cross Area Service Program Funds

Increase Community Capacity (Adolescent SA):

A. Overview

This document is a Request for Applications (RFA) issued by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMHDDSAS) to qualified organizations interested in providing adolescent substance abuse residential program services in an underserved region of NC or on a statewide basis in cooperation with a Division designated Local Management Entity (LME). Funds will provide increased support of community based residential treatment services for children and adolescents with a companion adolescent intensive outpatient program or day treatment program. The program will be expected to meet all North Carolina secondary education requirements.

B. Summary of Services Requested

This program should function as part of a local system of care involving families as partners in all aspects of service delivery, utilize community based supports, and utilize evidence based practices. This program will function as a Cross Area Service Program (CASP) serving a designated region or accepting referral on a statewide basis.

The service delivery in this facility must directly relate to measurable outcomes, reflected in the comprehensive Child and Family Plan with goals to bring the child back to a stable home, school and community. Facility staff shall actively participate in the Child and Family Team of each client admitted.

Adolescent substance dependence is a chronic disorder and shares many features with other medical disorders in the areas of heritability, etiology, physiology and response to treatment. Substance use and dependence among youth is a complex problem. It is generally the result of multiple factors including 1) a biological predisposition toward substance use or other problem behaviors; 2) psychological factors such as depression or traumatic victimization; and 3) social factors such as family, community, and peer relationships. Bio-psychosocial factors should be considered in order to maximize the benefit youth will obtain from treatment. Substance dependence produces significant change in brain chemistry and function.

Additionally a number of studies have focused on the nature of protective and risk factors as they relate to development. The Division supports a strengths based approach to working with adolescents addressing, mastery, belonging, generosity and independence. Effective treatment must also address co-occurring mental health and physical disorders. The co-occurring disorders that are most typical include oppositional defiant disorder, conduct disorder, ADHD, generalized anxiety disorder, and major depressive disorder. Other factors associated with substance use and conduct disorder include: family conflict, poor parental monitoring, parental psychopathology, parental substance abuse, academic problems and association with deviant peers.

A primary purpose of this initiative is to assist providers in establishing new regional resources in underserved areas to enlarge the continuum of care in the region. Providers are encouraged to initiate program development in rural and/or underserved areas for substance abuse treatment along the ASAM

continuum.

Funding is available for start-up and recurring operational costs of providers for expanded outreach, case-finding, consumer incentives, intervention and treatment, staffing, training, supervision, and collaboration activities. etc. (UCR or Non-UCR funds are to be used to increase the number of children/adolescents with substance abuse needs receiving appropriate treatment.

Priority will be placed on providing assistance to those serving:

1. Communities with currently low rates of treated prevalence for stated target disability groups. For LME comparisons see report of *DMHDDSAS Community Systems Progress Indicators* at; <http://ncdhhs.gov/mhddsas/statpublications/reports/cspireport>.
2. Utilization of ASAM Placement Level 2-Intensive Outpatient Treatment and ASAM Placement Level 3-Residential Treatment or Day Treatment Program.
 - a. Emphasis should be placed on the implementation of model provider strategies that can be easily translated and adopted by other LMEs and providers across the state. Activities should include model identification, screening and engagement activities that reduce traditional system barriers for service entry, engagement, and retention of youth and families with substance abuse disorders.
 - b. The proposal should include those activities designed to facilitate on-site and off-site identification, assessment readiness, and engagement of individuals in community clinical and non-clinical settings. UCR or Non-UCR activities that are supported with these funds shall not be simultaneously reimbursed through Medicaid, Health Choice or other grants or first or third party payers.
 - c. Funds are to be competitively offered to providers for applications to be developed and submitted in cooperation with one or more designated public, private not-for-profit or private for-profit providers. Proposed award amounts budgeted for provider(s) should be adequate to ensure the support of designated fulltime professionals to implement these strategies, and should include adequate supporting rationale by providers for selection of collaborating co-applicant provider(s).

C. Service Philosophy

Best practice is to deliver effective clinical care and social support services by maintaining the integrity of family and community life for youth by facilitating family involvement and reintegration into the community. This agenda requires an organized system of care approach that is:

- Client centered and strength based;
- Family focused and family friendly;
- Evidenced based; integrating a developmental foundation to treatment empowering youth to identify their unique strengths and build developmental assets. The program must address potential long-term deficits in developmental, psychological and social growth
- Community based and culturally competent; and,
- Collaborative across client serving systems.
- Linked to a medical home including medication management.

D. Scope of Services

The Adolescent Substance Abuse Residential Program is an intensive, comprehensive service utilizing community based services and resources. The program's primary focus is the treatment of adolescents who are experiencing substance use issues and other behavioral health concerns. The selected provider will be expected to utilize evidence based practices for addressing the needs of youth who are experiencing substance related issues (i.e. Multi-Dimensional Family Therapy, Brief Strategic Family Therapy, Motivational Enhancement Therapy, Cognitive-Behavioral Therapy, Motivational Interviewing, Global Appraisal of Individual Needs – GAIN) combined with counseling and other behavioral therapies.

Programs found to be successful in helping adolescents demonstrate that the design must be age

appropriate and be based on sound psychological theory utilizing behavioral, motivational and family based strategies, and replacement activities. Positive findings have been demonstrated from parent training, continued care protocols, contingency management schedules, urine test/breathalyzer monitoring. Gender and cultural competence is essential in developing a successful therapeutic alliance between the teen and the program.

Most adolescents do not seek treatment and are often referred by schools, juvenile justice agencies or parents so the applicant is encouraged to outline comprehensive engagement and retention strategies.

E. Essential Program Elements

- (a) Outreach**
- (b) Progressive assessment**
- (c) Person centered treatment planning**
- (d) Availability of a continuum of care**
- (e) Recovery management check up**
- (f) Provide comprehensive services**
- (g) Family programming**
- (h) Education services**
- (i) Psychiatric and health care services**
- (j) Recreational activities**

It is expected that the vendor will accommodate each client's educational and vocational requirements as well as other life domain needs through innovative service delivery methods. The vendor is encouraged to arrange for teaching staff to provide on-site education or demonstrate collaboration with alternative schools, charter schools, or community colleges. The vendor must describe how they will ensure consumers continue to receive educational credit, a GED, or vocational training in the residential placement.

The duration of services will be based upon medical necessity and the consumer's willingness to participate in the program. Strong consideration should be given to program development that provides opportunities for stepping down to less intensive services as client progresses in program and begins transition back to the community. To address the chronic nature of addiction, the vendor must agree to deliver or arrange continuing care plans for each client preferably 30 days prior to discharge date.

Following selection the vendor must be prepared to be endorsed by a Local Management Entity and directly enrolled with Medicaid and Health Choice. The facility must be licensed by the Division of Health Service Regulation (DHSR) for .5600D Supervised Living for Individuals of All Disability Groups which serves minors whose primary diagnosis is substance abuse/dependency but may also have other co-occurring DSM IV diagnosis.

The facility must also obtain licensure for either the .1400 Day Treatment For Children and Adolescents With Emotional or Behavioral Disturbances or .4400 Substance Abuse Intensive Outpatient Program. The Supervised Living facility must have the capacity to serve between 4-9 residents. There shall be separate licensed facilities for the Supervised Living and Day Treatment/IOP programs although the programs will complement and function as an integrated program. (

F. Target Population

The target population is youth ages 12 through 17 with a primary diagnosis of substance abuse or addiction.

G. Critical Linkages

The provider should demonstrate strong linkages with existing mental health, substance abuse, social, educational, mentoring and employment development program that provide services to youth. This includes that alcohol, tobacco and other drug services as well, since alcohol tobacco and other drug prevention programs and prenatal treatment program provide opportunities for identification and referral of youth. The program must coordinate with other agencies providing service to the youth to ensure a coordinated approach. The applicant will participate in local child collaboratives. In accordance with state and federal laws regarding disclosure of confidential information, the program should include representatives from other agencies during case conferences and treatment planning. Activities should include strategies to effectively

engage schools, social services, health, justice, recreation, and cultural agencies, substance abuse agencies, prevention programs, and alternative youth services agencies. Services should include access to medical evaluation and care and medication assisted therapies

H. Client and Program Specific Outcomes

Program should evaluate client for specific outcomes for youth in treatment such as:

1. reduction and/or elimination of alcohol, tobacco and other drugs use: demonstrated by urine analysis as intake and discharge
2. improved level of functioning in major life domains such as increased school attendance, decreased delinquent activities, increase pro –social activities including vocational training or employment and
3. length of stay in each placement

Partners in the service system should evaluate for system level outcomes, including

1. increases in youth-specific program/treatment capacity
2. increasing access to youth specific services
3. increasing quality of services

I. Client Protections

The program must provide a level of structure, care and supervision necessary to ensure the safety of youth at all times while on the program site. Appropriate care and supervision includes the maintenance of all licensure rules for the protection of youth, supervision of youth schedules and activities, monitoring of food intake/special diets and storing, distribution and assistance with taking medications.

The Program must provide or arrange for educational sessions and culturally appropriate materials that address issues such as HIV/AIDS and other health matters, violence prevention, independent living skills and smoking cessation. As appropriate, the program must provide or arrange for academic and work readiness skills career planning, and job training for youth.

Implementation Requirements

(Responsibilities of the Provider):

- Meet all requirements for endorsement prior to services being delivered.
- Utilize a standardized instrument for screening and assessment, and consider use of the GAIN (Global Appraisal of Individual Needs) as the assessment instrument at admission. (The Division will provide technical assistance)
- Utilize an evidence based practice during treatment such as one of CYT Series, Seven Challenges, MDFT or others. (The Division will provide technical assistance – see Scope of Services above).
- Provide services that utilize a needs/strengths approach and are grounded in the person/family-centered planning/and System of Care that encompasses self-determination and recovery model philosophies.
- Work collaboratively with the Local Management Entity and community agencies to optimize services for consumers;
- Document collaboration with Continuum of Care service providers, Child and Family Teams (CFT), social service agencies, hospitals, law enforcement, juvenile court, parents, advocacy groups, and other members of the community to develop and maintain positive relationships.
- Arrange care and consultation from a psychiatrist, pediatrician or family physician.
- Be appropriately licensed, endorsed and directly enrolled with Medicaid and Health Choice

Initiative should begin by February 1, 2008. Application is required to be received by the Division no later than 5:00 pm on Friday, January 11, 2007. Awards to providers will be announced no later than Friday, January 25, 2008.

Section 4. – Descriptive Detail - Initiative C

SFY 08 Cross Area Service Programs (CASP) Provider Application for Recurring Funds for Substance Abuse Provider Projects

Descriptive Detail

Initiative C - Increase Community Capacity for Substance Abuse Prevention Coalitions – Maximum amount of funding per request per application: \$400,000 Recurring

Planned Use of SFY 08 Cross Area Service Program Funds

The primary purpose of this initiative is to provide funding for an administrative agency to provide support to local community substance abuse prevention coalitions. Funds are available for one (1) Administrative agency that will support the development of eight local coalitions. The Initiative will focus on substance abuse prevention through coalition development and community mobilization and the implementation of the Strategic Prevention Framework. A working definition of a coalition is a voluntary, strategic alliance that enhances the ability to achieve a common purpose by sharing risks, responsibilities, resources and rewards (www.cadca.org) The grantee will assist local communities with planning, training technical assistance and funding.

Applicant agency will:

- Demonstrate experience in the development and operation of anti- drug or underage drinking coalitions.
- Demonstrate adequate infrastructure to provide administrative and financial support to local community coalitions across the state.
- Develop and issue RFAs or other application process for communities interested in developing a new or existing coalition
- Develop a process for screening and selecting communities.
- Provide technical assistance and training according to models set forth by the Community Anti-Drug Coalitions of America (CADCA) and the Center for Substance Abuse Strategic Prevention Framework (SPF).
- Ensure that the local coalitions utilize strategies to engage parents, schools, social services, health, justice, recreation, cultural agencies, substance abuse agencies, prevention programs and alternative youth services agencies.
- Outline an evaluation process that describes strategies to achieve successful outcomes
- Provide a mechanism to ensure membership in CADCA for on-going coalition development.
- Demonstrate how project will limit duplication and ensure collaboration with existing community coalitions in prospective communities.
- Outline an evaluation process that describes strategies to achieve successful outcomes. Review should include evaluation of those activities designed to facilitate community problem solving through coalition development and engagement of key community leaders. In addition, integration of the Strategic Prevention Framework should be an essential component.
- Monitor coalitions to ensure effectiveness.

Proposed funding amounts should cover administrative costs of no more than \$100,000 for the applicant and grant awards ranging from \$20,000 to \$50,000 for 8 community coalitions.

Expected Outcomes

Coalitions funded under this initiative will be expected to demonstrate the following outcomes:

- Parent involvement
- Eliminate underage drinking
- Ensure youth involvement
- Involvement of the faith community
- Utilization of evidence based prevention strategies

The Applicant agency should describe experience in each of these areas:

1. Must have planned and implemented activities that work toward addressing substance abuse prevention in the community for at least 5 years.
2. Must have documentation of involvement/membership in a coalition over last 3 years and show membership in the Community Anti-Drug Coalitions of America (CADCA).
3. Must be able to demonstrate sustained prevention efforts in one (1) or more of the designated content areas: parental involvement, eliminating underage drinking, youth involvement and faith-based services.
4. Demonstrate familiarity of the Strategic Prevention Framework and how to integrate it for coalition development.
5. Demonstrate managerial and organizational structure for management of community-based substance abuse prevention services.
6. Show a track record of at least 3-5 years of providing technical assistance and training to community based organizations to address substance abuse prevention through coalition building.

The applicant agency should submit a written proposal addressing the requirements outlined

Initiative should begin by February 1, 2008. Application is required to be received by the Division no later than 5:00 pm on Friday, January 11, 2007. Awards to providers will be announced no later than Friday, January 25, 2008.

Division of Mental Health, Developmental Disabilities and Substance Abuse Services

Community Policy Management Section

**Substance Abuse Services Improvement Initiative for
Prevention, Treatment, and Recovery (Initiatives A, B or C,)**

APPLICATION

Application Due Date: Friday, January 11, 2008, 5:00 pm

(Application - Section 1.)

Name of Provider	
Street Address, City, State, & Zip Code	
Current SA Services Licensed Facilities of Provider	
Project Coordinator Name, Credential(s) & Title	
Telephone No. of Project Coordinator	
E-Mail of Project Coordinator	
Name of Project	
Capacity to be Increased (List)	
Co-Applicant Provider Agency (if applicable)	
Funding Amount Requested:	
SFY 08	
SFY 09	

**Note: Total funding amount requested for this initiative should not exceed approximate stated average
award amounts in Appendix A for the corresponding initiative**

Substance Abuse Services Improvement Initiative for Prevention, Treatment, and Recovery (Initiatives A, B, and C)

APPLICATION (Initiatives A, B, and C)

(Application - Section 2.)

Type of CASP Project Applied for: (✓ one box below per Application.)

- ☐ **Initiative A:** \$3,000,000 for 4 programs @ \$750,000 per program (Year 1); \$280,000 for 4 programs @ \$700,000 per program (Year 2).

This initiative serves adult consumers with substance abuse treatment needs who would benefit from a comprehensive community based substance abuse model of treatment. Services should include supportive housing with emphasis on the ASAM treatment continuum with step-down services (SACOT, SAIOP, & OP) following an episode of care at a state-operated Alcohol and Drug Abuse Treatment Center (ADATC) or State Hospital. Funds are anticipated to support at least one program within each of the three state regions served by an ADATC. These services may be also be used for individuals who meet the ASAM criteria for placement into a Level II program (SACOT, SAIOP) who may tend to be placed into higher levels of care if these services were not available in the community.

Program expectations include: development of new bed capacity and new comprehensive treatment capacity for regional adult substance abuse supported housing programs in combination with the ASAM continuum of substance abuse treatment services of assessment, medication assisted therapies (non methadone)SACOT, SAIOP, and Community Support. Applications for this initiative should be fully responsive to the Initiative A portion of the CASP Summary Level Plan outlined in Appendix A.

- ☐ **Initiative B:** \$800,000 for 2 programs @ \$400,000 per program.

This initiative serves adolescents with moderate to high severity substance abuse treatment needs, with a primary diagnosis of substance abuse requiring a specialty supervised living program that is highly integrated with an IOP or mental health/substance abuse day treatment program for an average length of stay of 90-120days. Funds are anticipated to support one program within the western region of North Carolina and one program within the eastern region of North Carolina.

Program expectations include: development of new or expanded bed capacity and comprehensive treatment capacity for regional adolescent substance abuse supervised living programs in combination with adolescent SAIOP or mental health/substance abuse day treatment programs. Applications for this initiative should be fully responsive to the Initiative B portion of the CASP Summary Level Plan outlined in Appendix A.

☐ **Initiative C: \$ 400,000 for 1 program**

Focus on substance abuse prevention through coalition development and community mobilization with integration of the Strategic Prevention Framework (SPF). This initiative is intended to serve communities that have begun partnering with local groups to sustain coalition efforts and to integrate the Strategic Prevention Framework into local prevention programming. The award will be directed to a Lead provider who will coordinate technical assistance and training for existing coalitions through a mini grant process, as well as to assist community groups with developing the foundation for formulating a coalition. In addition, training and technical assistance for implementation of the Strategic Prevention Framework will be an integral part. The Lead provider can request up to \$100,000 for training and technical assistance. Mini-grants to local communities will range from \$20,000 to \$50,000 each with up to 8 awards. Particular emphasis will be placed on identifying and working with local community providers to support the implementation of community-based coalitions through an application process with specific criteria in the following content areas: parental involvement, underage drinking, youth involvement and faith-based.

Program expectations include: *Development of a management structure to assist in the sustainability of existing coalitions and to support the formulation of new ones through technical assistance and training according to coalition development and community problem solving criteria set forth by the Community Anti-Drug Coalitions of America (CADCA). In addition, capacity for the integration of the Strategic Prevention Framework through technical assistance and training efforts. Applications for this initiative should be fully responsive to the Initiative D portion of the CASP Summary Plan outlined in Appendix A.*

Current Levels of Community Need (Prevalence) and Penetration (Treated Prevalence) of Target Population(s): *(Briefly describe the regional treatment needs for substance abuse (SA) and the locations of existing services. Focus on gaps in service needs along the continuum of care, and include targeted areas needing SA services. The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services is particularly interested in filling missing gaps for SA treatment along the ASAM continuum. For LME comparisons, see report of DMHDDSAS Community Systems Progress Indicators at: <http://www.ncdhhs.gov/mhddsas/statspublications/reports/cspireport>.*

Current Levels of Residential Treatment Placement of Youth within the proposed Catchment Area (Initiative B). Area residents or Current Levels of Hospitalization of proposed Catchment Area Residents in State and Community Alcohol and Drug Abuse Treatment Centers (ADATCs) (Initiatives A, B, or C).

Current Community Resources Being Utilized to Serve the Target Population(s) *(For the*

(Application - Section 6.)

Description of Project Intervention Activities: *(Describe the specific project intervention activities being proposed to be implemented with these funds. Describe how these activities will strengthen and compliment the provider's current resources and services. Provide description of grounding of project in Evidenced Based Practice(s) and culturally competent approaches, where appropriate. Activities should be fully responsive to CASP Plan outlined in Appendix A related to the initiative for which this application is being submitted.)*

(Application – Section 7.)

Co-Applicant Experience, Capability, and Capacity: *(Identify the Co-applicant organization(s) if applicable and describe the experience, capability, and capacity of the designated provider to carry out the intended activities as identified above. Review the specific experience of the Co-applicant in providing substance abuse services to the target population(s). CASP funds must be used to contract with a licensed, private provider, who is eligible for endorsement if appropriate. Describe the provider's experience, capability, and capacity of the designated provider to carry out the intended activities identified above. Not applicable for Initiative D-Coalitions.)*

(Application – Section 8.)

Project Performance Objectives: *(Describe specific performance objectives to be accomplished through these funds, such as increases in specific numbers to be served, increase in penetration rate, improved treatment continuity, etc. For Initiative D, describe specific outcomes related to community problem solving as identified by CADCA www.cadca.org .)*

SFY 07-08 Budget Plan and Staffing Detail (February 1, 2008 – June 30, 2008)

SFY 08-09 Budget Plan and Staffing Detail (July 1, 2008 – June 30, 2009): *(On the attached Excel spreadsheet provide line item budget for the provider, with break-out detail of project staffing. Staffing detail should include job title, fulltime equivalent (FTE) level, and annual salary of new grant supported personnel.)*

(Application – Section 10.)

Community Organization Support: *(Describe the specific offers of support in your community for this initiative by other public and private agencies, coalitions, and collaboratives, with emphasis on hospitals, justice agencies, schools, DSS, health departments, community agencies, state hospitals/ADATCs, etc. Letters of support are not required, but are highly recommended and should be attached. Please include support letters from LMEs in your region or from other areas throughout the state of North Carolina for your implementation of this project.)*

(Application Sections to be Completed End Here!)

A transmittal letter signed by the Provider and by a designee of each of the Co-Applicant(s) is required, along with five (5) copies of the Application, to be submitted by surface mail to Brenda G. Davis, Chief's Office, Community Policy Management Section, 3007 Mail Service Center, Raleigh, NC 27699-3007, or delivered to Brenda G. Davis at DMH/DD/SAS, Albemarle Building, Suite 679, Raleigh, NC 27603 by 5:00 pm on Friday, January 11, 2008.

Section 6:
North Carolina: A Continuum of Care Model - NC ASAM Levels of Care

NC ASAM Levels of Care for Adults

ADULT DETOX Levels

- **Level I-D**
 - **Ambulatory Detoxification**
- **Level II-D**
 - **Social Setting Detoxification**
- **Level III.7-D**
 - **Non-Hospital Medical Detoxification**
- **Level IV-D**
 - **Medically Supervised or ADATC Detoxification/Crisis Stabilization**

ADULT TREATMENT Levels

- **Level I**
 - **Diagnostic Assessment**
 - **SA Community Support Services-Adult & Team**
 - **Mobile Crisis Management**
- **TREATMENT Levels cont.**
 - **Level II.1**
 - **SA IOP**
- **Level II.5**
 - **SACOT**
- **Level III.1**
 - **SA HWH**
- **Level III.5**
 - **SA Non-Medical Community Residential Treatment**
- **Level III.7**
 - **SA Medically Monitored Community Residential Treatment**
- **Level IV**
 - **Inpatient Hospital SA Treatment**
 - **ASAM-American society of Addiction Medicine**

NC ASAM Levels of Care for Adolescents

ADOLESCENT TREATMENT Levels

- **Level .5 Early Intervention/Prevention**
- **Level I**
 - **Diagnostic Assessment**
 - **SA Community Support Services-Adolescent**
 - **Mobile Crisis Management**
 - **Intensive In-home Services**
 - **Multi-Systemic Therapy (MST)**
- **Level II.1**
 - **Child & Adolescent Day Treatment**
 - **SAIOP**
- **Level III.1**
 - **Adolescent SA Regional Residential Program**
- **Level IV**
 - **Inpatient Hospital SA Treatment**

Community Policy Management Section

REQUEST FOR APPLICATIONS:

Substance Abuse Services Improvement Initiative
for Prevention, Treatment and Recovery (Initiative D)

**SFY 08 Cross Area Service Programs (CASP)
Provider Application for Recurring Funds for Substance Abuse Provider Projects**

Descriptive Detail

**Initiative D - Perinatal and Maternal Substance Abuse Community Capacity
Initiative – Maximum Amount of Funding Request per Application: \$400,000
Recurring**

Planned Use of SFY 08 Cross Area Service Program Funds

A. Overview

The NC Perinatal and Maternal Substance Abuse Initiative is composed of 21 specialized programs for substance abusing pregnant and parenting women and their children. Services include, but are not limited to the following: screening, assessment, community support, out-patient substance abuse services, parenting skills, residential services and referrals for appropriate interventions for the children. Children are linked with the local health departments (pediatric care), early intervention programs and child services coordination services.

B. Summary of Services Requested

The goal of this initiative is to provide comprehensive family-focused, gender-specific substance abuse services for pregnant women and parenting their children in order to accomplish the following objectives:

1. Achieve abstinence and establish a solid program of recovery;
2. Improve birth outcomes;
3. Strengthen and develop strong parenting skills;
4. Establish a stable living environment for their families including relationships free of domestic violence and development of a safety net of recovery and emotional support;
5. Develop the skills necessary for and to secure stable employment leading to family self-sufficiency.

Funding available will cover start-up and recurring operational cost of providers for expanded outreach, case-finding, consumer incentives, prevention, intervention and treatment, staffing, training, supervision, and collaboration activities, etc.

UCR or Non-UCR funds are to be used to increase the treated prevalence of individuals with substance abuse needs that cannot be provided through existing resources.

- 1) Priority will be placed on providing assistance to those serving: Communities with currently low rates of treated prevalence for stated target disability groups - See

- 2) A primary purpose of this initiative is to develop services in underserved areas in establishing new, regional resources to enlarge the continuum of care in their regions. Providers are encouraged to initiate program development in rural and/or underserved areas for substance abuse treatment along the ASAM continuum.

Emphasis should be placed on the implementation of model strategies that can be easily translated and adopted by other LMEs and providers across the state. These include active partnering with and among experienced substance abuse providers, LME screening, triage, and referral (STR) and care coordination, and family serving community partners. Activities should include strategies to effectively coordinate social services, health, justice, domestic violence, cultural agencies, substance abuse agencies, prevention programs, and services addressing the needs of women and children. .

The application should include those activities designed to facilitate on-site and off-site identification, and engagement of individuals in community clinical and non-clinical settings. UCR or Non-UCR activities that are supported with these funds shall not be simultaneously reimbursed through Medicaid, IPRS, or other grants or first or third party payers.

Funds are to be competitively offered to providers for applications to be developed and submitted in cooperation with one or more designated private not-for-profit or for-profit providers. Proposed award amounts budgeted for provider(s) should be adequate to ensure the support of designated fulltime professionals to implement these strategies.

Initiative should begin by February 1, 2008. Application is required to be received by the Division no later than 5:00 pm on Friday, January 11, 2008. Awards to providers will be announced no later than Friday, January 25, 2008.

Applicant agencies must:

- Applicants must demonstrate **at least three years of experience** providing family focused, gender-specific residential substance abuse services for women and their children;
- Demonstrate that there are adequate employment opportunities in the proposed program site area; Have the resources in place to assure operation no later than **May 1, 2008**.
- Become licensed to provide Residential Recovery Homes for Individuals with Substance Abuse Disorders and their Children (10A NCAC 27G .4100) and Substance Abuse Comprehensive Outpatient Treatment (10A NCAC 27G .4500);
- Be endorsed and enrolled to provide Diagnostic Assessment, Community Support, Group and Family Counseling/Therapy and SACOT.
- Comply with the *CASAWORKS for Families* program model; and
- Comply with all items contained in the Statement of Assurances.

Option 1: NC CASAWORKS for Families Residential Initiative

The CASAWORKS for Families model was initiated by the Center for the Study of Addiction and Substance Abuse (CASA) at Columbia University in 1997 in response to the impact of welfare reform on substance abusing families. The model proposes that the best way to help substance abusing TANF families become economically self-sufficient is to provide an integrated and concurrent gender specific substance abuse treatment and job readiness/training/employment program. In collaboration with the Division of Social Services, the Division of MH/DD/SAS established the NC CASAWORKS for Families Residential Initiative in 2001 funding 8 programs statewide. This holistic treatment model will be utilized for this application.

The target population for this application is women with a substance abuse or dependency disorder that are receiving Work First Cash Assistance and have at least one child under age 12 in

her home and included in her Work First case.

The goal of the NC CASAWORKS for Families Residential Initiative is to provide services and supports to assist chemically dependent women receiving Work First Cash Assistance to achieve self-sufficiency for themselves and their families.

Each applicant agency is to develop an apartment-based program that will serve 8 families concurrently, meeting the requirements of the specified target populations, for up to 12 months to be followed with 6 months of outpatient aftercare. All apartments should be contiguous units and a ninth apartment must be maintained for an onsite manager. A large multifamily house is not appropriate for this program.

Programs are expected to be licensed (as applicable), endorsed and enrolled to bill Medicaid for appropriate treatment services, work in coordination with LME Screening, Triage and Referral and existing Work First Qualified Professionals in Substance Abuse statewide for referrals of potential consumers, coordinate with existing DSS support services such as childcare and transportation and collaborate with existing CASAWORKS for Families and perinatal and maternal substance abuse treatment programs.

Key elements for the CASAWORKS for Families* model

This application differs from most in that the applicant is not requested to develop a treatment model but to demonstrate that the applicant can implement the model chosen for this initiative. The *CASAWORKS for Families* model, developed by the National Center on Addiction and Substance Abuse at Columbia University, has been chosen for this initiative and is an innovative model of treatment that combines job readiness/placement, parent skills training and substance abuse/mental health treatment. The key elements of the CASAWORKS model follow.

Each *CASAWORKS for Families* site must do all of the following:

1. Assess the needs and resources of all participants using Screening and Assessment instruments that integrate substance abuse and employability issues.
2. Create CASAWORKS Economic Self-Sufficiency Plan (can be integrated into the Person-Centered Plan) with every participant that incorporates plans to reach treatment and training goals.
3. Assign a designate a staff member for each CASAWORKS participant and her family who will monitor her treatment and training plan and discuss family support for these activities.
4. Integrate counseling for recovery and employability in all individual, family and group sessions.
5. Provide or when resources are available, make provisions, for childcare, transportation, clothing, mentoring and other job retention strategies, and assist with transitional benefits, peer support and informal support systems.
6. Provide a mind/body/spirit component to ensure a full range of health and nutrition counseling and services including women's health issues, HIV, family planning, dental and eye care, fitness and opportunities for spirituality exploration.
7. Provide activities designed to help participants fund and keep jobs and promote upward mobility including:
 - Orientation to the world of work (such as attendance, relations with supervisors and co-workers, identify workplace triggers, maintaining recovery)
 - Work site activities (community work experience, job showing, internships and part-time and temporary employment)
 - Job clubs (coaching and peer support in an individual search for work)

- Development of a work portfolio (including references, resume, work samples (if appropriate), certificates from training programs and awards received).
- Job development (developing jobs tailored to individual goals and identifying opportunities for upward mobility)

8. Provide assistance to the newly employed participant in the first few months as she manages the demands of work and home life.
9. Develop a life skills component that addresses time management, stress management, financial literacy, family violence, communications skills, appearance and grooming and housing issues.
10. Develop a vocational skills component that includes non-traditional opportunities and training in occupations that will lead to self-sufficiency.
11. Incorporate a family skills component that addressed parenting, child welfare, family preservation, family therapy, respite care, support from significant other, family mentors, child mental health, prevention for the children and advocating for one's children.

***CASAWORKS for Families is a program designed by The National Center on Addiction and Substance Abuse at Columbia University, which is neither affiliated with, nor sponsored by, the national Court Appointed Special Advocate Association (also know as "CASA") or any of its member organizations, or any other organization with the name "CASA".**

Option 2: NC Perinatal & Maternal Substance Abuse Initiative

This application is for the expansion of an apartment-based program that will serve 8 families concurrently, meeting the requirements of the specified target populations, for up to 12 months to be followed with 6 months of outpatient aftercare. All apartments should be contiguous units and a ninth apartment must be maintained for an onsite manager. A large multifamily house is not appropriate for this program.

Applicant agencies must

- Applicants must demonstrate **at least three years of experience** providing family focused, gender-specific residential substance abuse services for women and their children;
- Have the resources in place to assure operation **no later than May 1, 2008**
- Become licensed under 122C Rules for MH/DD/SAS Services to provide Residential Recovery Homes for Individuals with Substance Abuse Disorders and their Children (10A NCAC 27G .4100) and Substance Abuse Comprehensive Outpatient Treatment (10A NCAC 27G .4500);
- Become endorsed and enrolled to provide Community Support, Individual, Group and Family Counseling/Therapy and SACOT; and
- Comply with all items contained in the Statement of Assurances.

NC CASAWORKS for Families Residential Initiative &/or Perinatal/Maternal Residential Program

(Option 1 and Option 2 Application and Instructions)

Please complete the following questions within the page limited noted.

1. Please briefly describe your agency's mission. (**One-half page maximum**).
2. Indicate which option (1 or 2) you are applying for. What will this program(s) add to the continuum of care available to mothers with a substance abuse disorder who are pregnant and women receiving

(One page maximum)

- (One page maximum).**

Services	Indicate – <ul style="list-style-type: none"> • Provide • Refer • Neither (next to each)	Briefly describe the type of service provided in this category. Include any evidenced based practice model being utilized, if applicable.	If you do not offer the service, who does? Be specific.
Assessment			
Substance Abuse Treatment			

Adult Mental Health				
Child Mental Health				
Substance Abuse Prevention				
Domestic Violence				
Education				
Health				

Services	Indicate – • Provide • Refer • Neither (next to each)	Briefly describe the type of service provided in this category	If you do not offer the service, who does? Be specific.	
Employment				
Legal				
Housing				
Transportation				

Child Care				
Job Readiness/ Preparation				
Job Development				
Job Placement				
Aftercare				

6. Please describe employment opportunities in your area (such as through employment statistics and descriptions of major employers/positions open) to assure women in the program have the opportunity for economic self-sufficiency. (**One page maximum**)
7. Provide an implementation timeline indicating activities to be accomplished, including dates, and the responsible individual in order to implement the program. Describe how you can assure this program will be operational by **MAY 1, 2008**. (Be sure to include securing apartments, treatment site, licensure, endorsement and enrollment in plan.) (**Three page maximum**)
8. Based on information you have, what do you anticipate to be the major obstacles in implementing this program? How would you address them? (**One-half page maximum**).
9.
 - A. How do you define culturally competent treatment? How will you assure that your services are culturally competent?
 - B. How will you recruit and retain a culturally competent, diverse, qualified staff? (**One page maximum**).
10.
 - A. Please describe the formal and informal relationships you have with social services; substance abuse and mental health treatment (general and women's specific); domestic violence programs; women's health; children's health, mental health and developmental services; businesses/potential employers and training systems. (**One page maximum**).
 - B. Please provide a brief critique of those relationships, including how they work well and where they can be improved. (**One page maximum**).
11. Provide a listing of all current staff including name, position, FTE (full-time equivalent), qualification (i.e. degrees, certifications, SA qualifications, or other). Option 2 applicants must include current salary and

source of funding position (i.e. grant funds and/or Medicaid revenue). (**One page maximum**).

12. Please describe the types of appropriate apartment complexes/properties you have explored for implementation of this program. Have you identified an appropriate apartment complex/property for this program? If so, please briefly describe it including information about any reviews by Division of Health Regulatory Services (formerly Division of Facility Services) and what the status is according to inspectors and any zoning or code issues (**Two page maximum**).
13. A. Please briefly describe your MIS or other data collection system. (Overall capacity, data collection, storage, and retrieval systems, communications software, office and project management software or systems.)
- B. Do you have access to the Internet?
- C. Do you have a website? IF so, please provide address. **One-half page maximum**).
14. How do you determine how well your program is working? How is NC TOPPS data utilized? What expertise for evaluation currently exists in your agency? (**One-half page maximum**).
15. **ATTACHMENTS A-G:** Please complete or provide (when noted) the following:
- I. ATTACHMENT A: Statement of Assurances**
- Attachment A must be signed and submitted by Option 1 and Option 2 applicants**
- The Statement of Assurances signed by authorizing agents for your Organization. (**Form attached**).
- II. ATTACHMENTS B and C: SFY 07/08 and SFY 08/09 Budget and Budget Narrative (Forms attached)**
- Attachment B and C will be completed for Option 1 and Option 2 applicants.**
- Applicants are required to submit two budgets, ATTACHMENT B for the SFY 2007-8—1 start up budget and ATTACHMENT C for the proposed SFY 2008-2009 annualized budget (budget forms are included in the application). Two budget forms, labeled ATTACHMENT B & ATTACHMENT C are included in the application appendices. An explanation of budget categories is included and labeled INSTRUCTIONS FOR ATTACHMENTS B & C: Budget Categories. Budget must be submitted in this format. **Each budget must be accompanied with a budget narrative clearly describing each proposed expenditure in the budget categories except personnel costs (salaries and benefits).** A detail schedule of personnel costs will be reported separately in ATTACHMENT D. All one-time start up expenses must be identified in the first budget year.
- III. ATTACHMENT D: Personnel Schedule**
- Option 1 and Option 2 applicants must complete ATTACHMENT D: Personnel Schedule included in the appendices of the application.**
- Option 1 CASAWORKS/Perinatal/Maternal Residential Program Minimum Staffing Requirements:**
- 1.0 FTE Program Director (CCS or LCAS)

2.0 FTE SA Counselor (LCAS)
 1.0 FTE Community Support Professional (QP in SA)
 1.0 FTE Community Support Paraprofessional (Paraprofessional, AP or Certified Peer Specialist)
 .5 to 1.0 FTE Child and Family Therapist
 1.0 FTE Job Readiness Instructor/Developer
 3.0 FTE Childcare Workers
 5.0 FTE Community Mental Health Techs (includes one live-in site manager)
 1.0 FTE Office Assistant
 1.0 FTE Billing Manager
 .20 FTE DSS Work First Case Manager (Contract with local DSS or in-kind)

Option 2 Perinatal/Maternal Residential Staffing Requirements:

Option 2 applicants must indicate the additional staff required to effectively and efficiently operate their existing and new program and services in accordance with all rules, regulations and licensure requirements. This personnel schedule should be consistent with the current staff personnel schedule submitted in #11 of the application.

Option 1 and Option 2 Applicants: Programs and professionals are required to be licensed (as applicable), endorsed and enrolled to bill Medicaid for all treatment related services and identify other funding sources so that appropriate staffing levels can be maintained.

IV. ATTACHMENTS E-1 and E-2: Letters of Commitment and Proposed Advisory Board

ATTACHMENT E-1 Letter of Commitment is **must be submitted with the application** from Local Department(s) of Social Services (Work First and Child Protective Services) for **Option 1 and Option 2 applicants. (No Form Included-please label ATTACHMENT E-1))**

Additional Letters of Commitment are not required but may be included in with the application:

- a. Substance Abuse Treatment providers (women's, Area Program, Detox, etc.)
- c. Welfare to Work Programs
- d. Vocational Rehabilitation
- e. Local businesses that may be partners in job training and placement.
- f. Women's Health Provider
- g. Children's Health Provider
- h. Child Mental Health
- i. Local Domestic Violence Programs.

ATTACHMENT E-2: Proposed Advisory Committee. Option 1 and Option 2 applicants will develop and submit a list of proposed Advisory Committee members including name/title and agency affiliation. **(No form included-please label ATTACHMENT E-2)**

V. ATTACHMENT F: Current Licensure and Endorsements

Option 1 and Option 2 applicants must attach a copy of licensure certificates and LEA letters for all treatment services your agency is currently licensed and/or endorsed to provide. **(No form included).**

ATTACHMENT A

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services Check One:

☐ Option 1: NC CASAWORKS for Families Residential & Perinatal/Maternal Residential Programs

☐ Option 2: Perinatal/Maternal Residential Program

Statement of Assurances

1. TARGET POPULATION ELIGIBILITY

- **Age of Women:** At the time of admission in the Program, all women shall be at least 18 years of age.
- **Age of Children:** At the time of admission in the Program, all children shall be under 12 years of age.
- **Custody:** Parents must have at least one child under age 12 in her home and for Option 1 applicants the child must be included in her Work First case to be admitted to the Program.
- **Work First Status for CASAWORKS program:** Families shall be current Work First Cash Assistance recipients upon admission and remain recipients and in compliance with their Work First Mutual Responsibility Agreement.
- **Principal or Primary Diagnosis of Substance Abuse or Dependence:** Women participating in the Program shall have a current principal or primary DSM-IV diagnosis of substance abuse or dependence.
- **ASAM Level of Care:**
Women must meet ASAM Level 3.5 criteria upon admission.

2. REQUIRED PROGRAM MODEL and COMPONENTS

A. CASAWORKS for Families: All recipient agencies shall maintain the integrity of the CASAWORKS for Families program model.

B. CASAWORKS and Perinatal/Maternal Residential Programs must provide at a minimum:

- 10A NCAC 27G .4100 Residential Recovery Homes for Individuals with Substance Abuse Disorders and their Children for 8 Families
- 10A NCAC 27G .4500 Substance Abuse Comprehensive Outpatient Treatment
- Outpatient Services (Assessment, Individual, Group & Family)
- Community Support Services
- Child Mental Health Services*
- SA Prevention Services for the Children*
- Parenting Skills Training
- Job Readiness/Job Placement Services (Option 1: CASAWORKS Only)
- Child Care
- Transportation
- Aftercare Services

*Option 1 providers may contract for these services

Option 2 providers shall continue to use existing resources for these services.

C. Women's Set Aside Requirements: CASAWORKS and Perinatal/Maternal Residential programs must meet the Women's Set Aside Requirements set forth in 42 CFR Part 96:

- 45 CFR Part 96.124: Treatment for pregnant women and women with dependent children
- 45 CFR Part 96.131: Priority Admission, Publicize Availability of Services and Pregnant Women Preference and Capacity Management

*More information regarding these requirements can be found at

www.dhhs.state.nc.us/mhddsas (Under State and Local Government-Substance Abuse Implementation Project)

3. PROGRAM SERVICES GUIDELINES

- A. **Length of Program Participation:** Participants in the NC CASAWORKS for Families Residential and Perinatal Residential Program shall be enrolled for an average length of twelve (12) months in residential services and 6 months of out-patient aftercare services.
- B. **Program Capacity:** Each program in the Option 1: NC CASAWORKS and Perinatal/Maternal residential programs shall maintain sixteen apartment units to provide services to 16 eligible families. Option 2: Perinatal/Maternal residential programs shall maintain eight new apartment units to provide services to 8 eligible families.
- C. **Maintenance of Clients Records:** Service records shall be maintained on all program participants (adults and children) in accordance with the Division's *Service Records Manual for LMEs, Providers of Publicly Funded MH/DD/SAS Services and CAP-MR/DD Services*.
- D. **Standardized Program Performance, Evaluation, and Client Outcome Measures:** The recipient agency of an Option 1 or Option 2 grant shall cooperate in the adoption and statewide implementation of program performance, evaluation and client outcome measures for all program sites and will participate in the NCTOPPS Initiative. The annual completion of the NC Perinatal and Maternal Cross Site Evaluation is required for both options.
- E. **Confidentiality of Client Records:** The recipient agency shall ensure the confidentiality of all program participants in accordance with 42 CFR, Part 2 and HIPPA laws.
- F. **Participation In Statewide Meetings and Trainings:**
The recipient agency will participate in all statewide CASAWORKS/Perinatal/Maternal meetings and trainings.

4. PROGRAM STAFFING AND SUPERVISION (Option 1 and Option 2)

- **Program Director:** The Program Director shall be a Certified Clinical Supervisor or Licensed Clinical Addictions Specialist.
- **Substance Abuse Counselor(s):** All substance abuse treatment services shall be provided by Substance Abuse Counselors who are designated as a Qualified Professionals in Substance Abuse and are currently Licensed Clinical Addictions Specialist (LSAC).
- **Other Program Staff:** All services shall be provided by appropriately trained, credentialed and registered with the NCSAPPB, if applicable.
- **Clinical Supervision:** Clinical supervision of the program staff shall be provided by a Certified Clinical Supervisor or Licensed Clinical Addiction Specialist.

5. COLLABORATION WITH LOCAL DEPARTMENTS OF SOCIAL SERVICES

- **Partnership with Local Departments of Social Services:** The recipient agency shall work collaboratively with the local Department of Social Services in the development and implementation of joint mechanisms for communication and problem-solving, person-centered planning, service delivery, and transitional planning.
- **Memorandum of Agreement:** The NC CASAWORKS for Families Residential Initiative Program shall have a current Memorandum of

Agreement between the recipient agency and the local Department of Social Services. This Memorandum of Agreement shall clearly outline each agency's role, responsibilities, and activities, and shall address joint mechanisms for cooperative decision-making and problem-solving, program oversight, and evaluation. (Required for Option 1- Strongly encouraged for Option 2)

6. **PROJECT ADVISORY GROUP (Option 1 and 2)**

Each recipient agency shall establish and maintain a broad-based Project Advisory Group made up of representatives of various community agencies and consumers. This Advisory Group shall include membership from the following agencies, at a minimum: Substance Abuse Treatment Providers (women's, Area Program, Detox, etc.), Local Department(s) of Social Services (Work First and Child Protective Services Divisions), Welfare to Work programs, Vocational Rehabilitation, Local businesses that may be partners in job training and placement, Women's Health Providers, Child health provider, Child Mental Health providers, and Local Domestic Violence Programs. This Advisory Group shall meet at least quarterly to offer advice and consultation on program policies and operation in accordance with the CASAWORKS for Families Model and the Perinatal/Maternal SA Initiative standards.

7. **PROGRAM FINANCIAL MANAGEMENT AND ACCOUNTABILITY (Option 1 and 2)**

- Non-Supplanting Stipulation:** Funds awarded for implementation of the program(s) shall not be utilized to supplant any other resources which currently support, or would otherwise have been made available to support, existing staff or consultant positions to serve this population.
- Contracts for Professional Services:** The recipient shall identify by name all paid consultants, facilitators, planners or other vendors providing services, and shall submit a vita of any such individual(s), and brief description(s) of the duties and activities to be performed and the qualifications of the individual(s) to perform such.
- Limitation on Purchase and Use of Capital Equipment Items:** Funds shall not be utilized for the purchase of any non-approved capital equipment items, and requested capital equipment items shall be those which are integrally needed by the project, but are not otherwise available, including, but not limited to, any office or apartment furnishings, or any word-processing, audio, video, or communications equipment such as computers, software, printers, scanners, televisions, video cameras, VCRs, telephones, pagers, etc. Funds may not be used to pay for primary medical services, to purchase, construct or make major renovations to any buildings or other facilities, to purchase any major medical equipment, Any approved capital equipment items purchased with these funds shall be so identified, and shall be reserved for the exclusive use of the program during the period of the Grant. An inventory of such items shall be provided to the DMHDDSAS Best Practice Section upon program implementation and updated annually. Upon termination of funding of the Grant all purchased capital equipment items shall be inventoried for reassignment at the discretion of the Division.

8. **PROGRAM OPERATIONS**

- **Program Licensure, Endorsement and Enrollment:** The recipient agency shall be

responsible for ensuring all services are properly licensed, accredited, endorsed and enrolled with the Division of Medical Assistance throughout the Grant period.

- **Program Implementation:** The recipient agency shall be responsible for ensuring the program is fully operation no later than **May 1, 2008**.

Agency Executive Director

Date

ATTACHMENT B**Division of Mental Health, Developmental Disabilities, and Substance Abuse Services****SFY 07-08 Budget Expenditures**

Provider: _____

Check One:

☐ NC CASAWORKS for Families Residential Initiative☐ Perinatal/Maternal Residential Program**II. SFY 07-08 Projected Start-up and Operational Expenditures:**

	(1) Object of Expenditures	(2) FY 07-08 Start-up Expenditures only	(3) FY 07-08 3rd Quarter Projected Expenditures 2/1/08-3/31/08	(4) FY 07-08 4th Quarter Projected Expenditures 4/1/08-6/30/08

Duplicate if necessaryTotal Projected FY 07-08 Budget: _____
(including start-up expenditures)

Submitted By:

Provider Contact Person/Date

Telephone Number

ATTACHMENT C

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

SFY 08-09 Budget Expenditures

Provider:_____

Check One:

- ☐ NC CASAWORKS for Families Residential Initiative
☐ Perinatal/Maternal Residential Program

II. *SFY 08-09 Projected Annualized Operational Expenditures:*

[illegible]

Duplicate if necessary Total Projected FY 08-09 Budget: _____
(including start-up expenditures)

Submitted By: _____

Provider Contact Person Date Telephone Number

ATTACHMENT D

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Check One:

☐ **NC CASWORKS for Families Residential Initiative**

☐ **Perinatal/Maternal Residential Program**

Personnel Schedule

Position Title	Full Time Equivalent	Annual Salary	Benefits	Amt. of salary charged to grant funds	Amount of salary covered by Projected Medicaid Revenue (if applicable)	